<table>
<thead>
<tr>
<th>Person</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 3</td>
<td></td>
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<tr>
<td>Person 4</td>
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<tr>
<td>Person 5</td>
<td></td>
<td></td>
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<tr>
<td>Person 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Persons Enumerated

- Male
- Female
- 18 Years & Over

*001850585*
SECTION 2  CHARACTERISTICS OF HOUSING UNIT

2.1 What type of housing unit is this?
- Separate House-Detached
- Attached
- Part of Commercial Building
- Improvised Housing Unit
- Other
- Not Stated

2.2 What is the main type of material used in constructing the outer walls?
- Concrete and Blocks
- Stone and Brick
- Nog
- Wattle/Adobe
- Wood
- Wood and Concrete
- Wood and Brick
- Other
- Not Stated

2.3 What is the main type of material used in constructing the roof?
- Metal Sheet
- Shingle-Wood
- Shingle-Other
- Concrete
- Other
- Not Stated
- Tile

SECTION 3  CHARACTERISTICS OF HOUSEHOLD

3.1 Does any member of this household own, rent or lease this dwelling?
- Owned
- Squatted
- Leased
- Other
- Rented
- Not Stated
- Rent Free

3.2 What about the land - is it owned or leased etc. by any member of this household?
- Owned
- Squatted
- Leased
- Other
- Rented
- Not Stated
- Rent Free

3.3 How many rooms does this household occupy?
- Not Stated

3.4 How many rooms are used mainly for sleeping?
- Not Stated

3.5 Does this household have the use of a kitchen or kitchenette?
- Yes for the use only by this household
- Yes shared with another household
- No (Go to Q 3.7)
- Not Stated

3.6 Does it (the kitchen or kitchenette) have a sink permanently connected to a water supply and waste pipe?
- Yes
- No
- Not Stated

3.7 Does this household have the use of a bathroom?
- Yes for the use only by this household
- Yes shared with another household
- No (Go to Q 3.9)
- Not Stated

3.8 Does it (the bathroom) have a fixed bath or shower?
- Yes
- No
- Not Stated
3.9 What is the main method of garbage disposal for this household?

- Regular Public Collection System
- Irregular Public Collection System
- Private Collection System
- Burn
- Bury
- Dumping in Sea/River/Pond/Gully
- Dumping in Own Yard
- Dumping at Municipal Site
- Other Dumping
- Other Method of Disposal
- Not Stated

3.10 What type of toilet facilities does this household have?

- WC Linked to Sewer
- WC not Linked to Sewer
- Pit
- None (Go to Q 3.12)
- Not Stated

3.11 Are the facilities shared with another household?

- Shared
- Not Shared
- Not Stated

3.12 What does this household use most for lighting?

- Electricity
- Other
- Kerosene
- Not Stated

3.13 What type of fuel does the household use most for cooking?

- Gas
- Biogas
- Electric
- Solar Energy
- Wood
- Other
- Charcoal
- No Cooking Done
- Kerosene
- Not Stated

3.14 What is the main source of domestic water supply for the household?

- Public piped into dwelling
- Public piped into yard
- Private piped into dwelling
- Private Catchment, not piped
- Public Standpipe
- Public Catchment
- Spring or River
- Other
- Not Stated

3.15 Is there a personal computer in this household?

- Yes
- No (Go to Q 3.17)
- Not Stated

3.16 Is there an internet connection to this computer?

- Yes
- No
- Not Stated

3.17 Does this household have access to a telephone?

- Yes in dwelling (not cellular)
- Yes Cellular
- Yes Neighbour's Facility

SECTION 4

4.1 Has any member of this household been the victim of any of the following crimes during the last 12 months? (READ CATEGORIES)

<table>
<thead>
<tr>
<th>Crime</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Not Stated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shooting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape &amp; Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robbery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wounding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Praedial Larceny</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If 'No' or 'Don't know' Go to Q5.1
If 'Yes' To Any Continue
4.2 Was/Were the crime(s) reported to the police?

- Yes
- No
- Don't Know
- Not Stated

(Go to Q5.1)

4.3 Why was/were the crime(s) not reported?

- No Confidence in the administration of justice
- Afraid of perpetrator
- Perpetrator was household member/relative/friend
- Not serious enough
- Other
- Not Stated

SECTION 5

5.1 Did any one from this household go to live abroad during the year 2000?

- Yes
- No (Go to Q5.3)
- Not Stated

5.2 Please give me the number of persons from this household who went to live abroad during the year 2000 and the sex and age of each.

<table>
<thead>
<tr>
<th>Person Number</th>
<th>M</th>
<th>F</th>
<th>Not Stated</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Not Stated Record 99

5.3 Did any member of this household die during the past 12 months?

- Yes
- No (Go to Q6.1)
- Not Stated

SECTION 6

6.1 Is there a business being operated within this household?

- Yes
- No (Go to Individual Questionnaire)
- Not Stated

6.2 What is the type of business activity?

If Not Stated Record 99

5.4 Please give me the number of persons who died during the last 12 months and the sex and age of each.

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Not Stated</td>
</tr>
<tr>
<td></td>
<td>Age</td>
</tr>
</tbody>
</table>

If Not Stated Record 99
SECTION 1  CHARACTERISTICS  
(for all persons)

FIRST NAME

INDIVIDUAL No.

LAST NAME

1.1  Is ....... male or female?
  ○ Male  ○ Female

1.2  (a) What is your/ .....’s date of birth?
  Year  /  Month  /  Day
  ○ Not Stated

(b) What was your/ .....’s age at September 10th, 2001?
  ○ Not Stated

1.3  What is your/ .....’s relationship to the head of the household?
  ○ Head
  ○ Wife/Husband of Head
  ○ Common Law Partner of Head
  ○ Child of Head and Spouse/Partner
  ○ Child of Head Only
  ○ Child of Spouse/Partner Only
  ○ Spouse/Partner of Child
  ○ Grand child of Head/Spouse/Partner
  ○ Parent of Head/Spouse/Partner
  ○ Brother/Sister of Head/Spouse/Partner
  ○ Other Relative of Head/Spouse/Partner
  ○ Domestic Employee
  ○ Other Non-Relative
  ○ Not Stated

1.4  To which race or ethnic group would you say you/..... belong(s)? (READ CATEGORIES)
  ○ Black  ○ East Indian  ○ Not Stated
  ○ Chinese  ○ White  ○ Other
  ○ Mixed

1.5  What is your/.....’s religious affiliation or denomination?
  ○ Anglican  ○ Pentecostal
  ○ Baptist  ○ Roman Catholic
  ○ Brethren  ○ S.D.A.
  ○ Church of God in Ja.
  ○ Church of God of Prophecy
  ○ Jehovah’s Witness
  ○ Judaism
  ○ Methodist
  ○ Moravian
  ○ New Testament Church of God
  ○ None
  ○ Other Church of God
  ○ Not Stated

PERSONS UNDER 16 YEARS  GO TO Q. 1.9

FOR PERSONS 16 YEARS AND OVER ONLY  ▼

1.6  What is your/........’s legal marital status?
  For example are you/is ........ married, divorced, widowed or never married?
  ○ Married
  ○ Never Married  (Go to Q1.8)
  ○ Divorced  (Go to Q1.8)
  ○ Not Stated
  ○ Widowed  (Go to Q1.8)
  ○ Legally Separated  (Go to Q1.8)
1.7 Are you/is ..... currently living with your/his/her husband/wife?
- Yes  (Go to Q1.9)
- No
- Not Stated

1.8 Are you/is ..... currently living with a common-law partner?
- Yes
- No
- Not Stated

1.9 Do you/does ..... suffer from any long standing illness?
- Yes
- No  (Go to Q1.11)
- Not Stated

1.10 Which of the following is the main illness?
   (READ CATEGORIES)
   - Arthritis
   - Kidney Disease
   - Asthma
   - Glaucoma
   - Diabetes
   - Sickle Cell Disease
   - Hypertension
   - None of the Above, Other
   - Heart Disease
   - Not Stated

1.11 Do you/does ..... suffer from any disability or infirmity?
- Yes
- No  (Go to Q1.14)
- Not Stated

1.12 Does the disability limit your/his/her ..... activities compared with most people of the same age?
- Yes
- No  (Go to Q1.14)
- Not Stated

1.13 What type of disability do you/does ..... have?
   - Sight Only
   - Slowness of Learning
   - Hearing Only
   - Mental Retardation
   - Speech Only
   - Mental Illness
   - Physical Disability only
   - Other
   - Multiple Disability
   - Not Stated

1.14 Are you/is ..... currently attending school or registered in an educational programme?
- Yes at school or other institution/HEART  (Go to Q1.16)
- Yes private study  (Go to Q1.16)
- No
- Not Stated

1.15 Why are you not attending school?
   - Parent(s) cannot afford it
   - Poor in Studies/Not interested in school
   - Illness/Disability
   - To help with household chores
   - To help in household business
   - To work for wages/salaries
   - Other
   - Not Stated

1.16 What is the highest level of education that you have /that ..... has attained?
   (READ CATEGORIES)
   - None
   - Other Tertiary
   - Pre-Primary
   - Special School
   - Primary
   - Other
   - Secondary
   - Not Stated
   - University

**SECTION 2**

2.1 Do you/does ..... live in this household all or most of the time?
- Yes  (Go to Q2.3)
- No
- Not Stated

2.2 Where do you/does ..... usually live?
   - (a) Another household in this parish
   - (b) Elsewhere in the Country
   - Kingston
   - St. Ann
   - St. Elizabeth
   - St. Andrew
   - Trelawny
   - Manchester
   - St. Thomas
   - St. James
   - Clarendon
   - Portland
   - Hanover
   - St. Catherine
   - St. Mary
   - Westmoreland
   - (c) Abroad
   - Not Stated

**END INTERVIEW IF NOT USUAL RESIDENT OF HOUSEHOLD**
2.3 Where were you/was ..... born?
By that I mean the place where your/his/her mother was residing at the time?
(a) Parish in Jamaica (Score Parish and then go to Q. 2.5)
- Kingston
- St. Ann
- St. Elizabeth
- St. Andrew
- Trelawny
- Manchester
- St. Thomas
- St. James
- Clarendon
- Portland
- Hanover
- St. Catherine
- St. Mary
- Westmoreland
- Not Stated
(b) Abroad
- USA
- India
- UK
- S.E. Asia
- Canada
- Other
- Caribbean Country
- Not Stated

2.4 In what year did you/did ..... come to live in Jamaica?

(Go to Section 3)  Not Stated

2.5 In what year did you/did ..... come to live in this parish?

Not Stated

2.6 In what parish did you/did ..... last live?
- Kingston
- St. Ann
- St. Elizabeth
- St. Andrew
- Trelawny
- Manchester
- St. Thomas
- St. James
- Clarendon
- Portland
- Hanover
- St. Catherine
- St. Mary
- Westmoreland
- Not Stated

2.7 Have you/has ..... ever lived outside of Jamaica for five years or more continuously?
- Yes
- No (Go to Section 3)
- Not Stated

2.8 In what country did you/did ..... last live?
- USA
- Canada
- Other
- UK
- Caribbean Country
- Not Stated

2.9 In what year did you/did ..... return to live in Jamaica?

Not Stated

2.10 What is the main reason why you/why ..... returned to live in Jamaica?
- Retirement
- Employment
- Jamaica is Home
- The Weather
- Health Reasons
- Other
- Achieved Objective Abroad
- Not Stated
- Involuntary Return

SECTION 3
EDUCATION (For persons 4 years and over) & TRAINING (For persons 14 years and over)

3.1 What is the highest examination that you have/that ............ has passed?
- None
- CXC Basic, JHSC, JSC or JSCE or 3rd JLCL, SSC, JC
- GCE 'O' 1-3, CXC General 1-3, AEB, 1-3
- GCE 'O' 4+, CXC General 4+, AEB 4+, SC
- GCE 'A' 1+, HSC, CAPE 1+
- College Certificate/Diploma
- Associate Degree/Other Certificates and Diplomas
- Degrees and Professional Qualifications
- Other
- Not Stated

3.2 How many years of schooling have you/has ..... had ?

Not Stated

(IF AGE UNDER 14 YEARS END INTERVIEW)

3.3 Are you/is ............. currently being trained for any specific job or occupation ?
- Yes
- No (Go to Q 3.8)
- Not Stated
3.4 For what job or occupation are you/is .............. being trained?

☐ ☐ ☐ ☐ Not Stated

3.5 How is this training being received?

HEART PROGRAMMES
- ☐ Vocational Training Centre / Academy
- ☐ VTDI ☐ Other ☐ Not Stated

OTHER PROGRAMMES
- ☐ UWI ☐ UTECH
- ☐ Northern Caribbean University ☐ Nursing School
- ☐ Community College ☐ Apprenticeship
- ☐ Teacher’s College, CASE ☐ On the Job Training
- ☐ Other Tertiary ☐ Other
- ☐ Technical School ☐ Not Stated
- ☐ Secretarial/Commercial College
- ☐ Police Training School/Jamaica Police Academy

3.6 How long is the period of training?

- ☐ Under 6 months ☐ 2 years - under 3 years
- ☐ 6 months - under 1 year ☐ 3 years and over
- ☐ 1 year - under 2 years ☐ Not Stated

3.7 What qualification will you/will .............. receive on completion of training?

- ☐ None ☐ Professional Qualification
- ☐ Certificate ☐ Graduate Degree
- ☐ Associate Degree ☐ Other
- ☐ Diploma ☐ Not Stated
- ☐ Under Graduate Degree

3.8 Have you ever/has .............. ever been trained for a specific job or occupation in the past?

- ☐ Yes ☐ No (Go to Section 4) ☐ Not Stated

3.9 For what job or occupation were you/was .............. trained?

☐ ☐ ☐ ☐ Not Stated

3.10 How was this training received?

HEART PROGRAMMES
- ☐ Vocational Training Centre / Academy
- ☐ VTDI ☐ Other ☐ Not Stated

OTHER PROGRAMMES
- ☐ UWI ☐ UTECH
- ☐ West Indies College/NCU ☐ Nursing School
- ☐ Community College ☐ Apprenticeship
- ☐ Teacher’s College, CASE ☐ On the Job Training
- ☐ Other Tertiary ☐ Other
- ☐ Technical School ☐ Not Stated
- ☐ Secretarial/Commercial College
- ☐ Police Training School/Jamaica Police Academy

3.11 How long was the period of training?

- ☐ Under 6 months ☐ 2 years - under 3 years
- ☐ 6 months - under 1 year ☐ 3 years and over
- ☐ 1 year - under 2 years ☐ Not Stated

3.12 What qualification did you/did .............. receive on completion of training?

- ☐ None ☐ Professional Qualification
- ☐ Certificate ☐ Graduate Degree
- ☐ Associate Degree ☐ Other
- ☐ Diploma ☐ Not Stated
- ☐ Under Graduate Degree

3.13 Are you/is .............. currently working in the job or occupation for which you were/he/she was trained?

- ☐ Yes ☐ No ☐ Not Stated
4.6 Which of the following categories best describes your/your...’s main employment? (READ CATEGORIES)
- Paid Government Employee
- Paid Employee in Private Enterprise
- Paid Employee in Private Home
- Unpaid Employee in Agriculture or in any other type of business
- Self Employed with Employees
- Self Employed without Employees
- Other
- Not Stated

4.7 What kind of work do you do/does .......... do/did you last do/did .......... last do?

4.8 What type of business is/was carried on at the work place?

4.9 Where is your/is ..........’s place of work located? (READ CATEGORIES)
- In own home or yard
- On a Farm
- In another home or yard
- Not in a private home

4.10 In which parish do you/does .......... work?
- Kingston
- Hanover
- St. Andrew
- Westmoreland
- St. Thomas
- St. Elizabeth
- Portland
- Manchester
- St. Mary
- Clarendon
- St. Ann
- St. Catherine
- Trelawny
- More than one parish
- St. James
- Not Stated
4.11 How many persons including yourself / including ........... are working in the business or at the work place?

- 1 person
- 2 - 4 persons
- 5 - 9 persons
- 10 - 19 persons
- 20 + persons
- Not Stated

4.12 What is the Name and Address of the Business Establishment where you/where ........... work(s)?

[Blank space for name and address]

- Don't Know
- Not Stated

4.13 What is your/is .................. 's weekly, monthly or annual income from all employment? ($JA)

- Weekly
  - Less than 1,000
  - 1,000 - 1,499
  - 1,500 - 5,999
  - 6,000 - 9,999
  - 10,000 - 19,999

- Monthly
  - Less than 3,500
  - 3,500 - 5,999
  - 6,000 - 24,999
  - 25,000 - 39,999
  - 60,000 and over

- Annually
  - Less than 40,000
  - 40,000 - 79,999
  - 80,000 - 299,999
  - 300,000 - 499,999
  - 500,000 - 999,999
  - 1,000,000 - 1,499,999
  - 1.5 million - 2,999,999
  - 3 million and over

4.14 When was the last time that you /that ........... worked?

[Date format: Year, Month]

- Never Worked (Go to Q4.19)
- Not Stated

4.15 What did you/did ............ do most during the past twelve months?

- Worked or had a job
- Looked for first job (Go to Section 5)
- Looked for work which was not the first (Go to Q4.17)
- Student (Go to Q4.17)
- Home Duties (Go to Q4.17)
- Retired did not work (Go to Q4.17)
- Disabled unable to work (Go to Q4.17)
- Not Interested in work (Go to Q4.17)
- Other (Go to Q4.17)
- Not Stated

4.16 How many months did you/did ............ work?

[Blank space for number of months]

- Not Stated

4.17 Have you/has ............ ever been laid off permanently or made redundant during the past 5 years?

- Yes
- No (Go to Q4.19)
- Not Stated

4.18 In what Industry were you/was ............ working at the time of lay-off or redundancy?

[Blank space for industry name]

- Not Stated

4.19 Do you/does ............ currently receive any Social Welfare benefits or pension?

- Yes
- No (End Interview)
- Not Stated

4.20 What benefits or pension? (Tick all applicable)

- Employment related pension
- National Insurance
- Food Stamps
- Other Public Assistance/Poor Relief
- Not Stated
5.1 Have you/has ever had liveborn children?

☐ Yes  ☐ No (End Interview)  ☐ Not Stated

5.2 How many liveborn children and of what sex?

☐ Total  ☐ Male  ☐ Female

If Not Stated Record 99

5.3 How many liveborn children are still alive?

☐ Total  ☐ Male  ☐ Female

If Not Stated Record 99

5.4 How old were you/she when you had your first liveborn child?

☐ Not Stated

5.5 How old were you/she when you had your last liveborn child?

☐ Not Stated

5.6 Did you/did have any livebirths during the past 12 months?

☐ Yes  ☐ No (End Interview)  ☐ Not Stated

5.7 How many livebirths did you/did have in the past 12 months?

☐ Total  ☐ Not Stated

☐ One Birth  ☐ More than two Births

☐ Two Separate Births  ☐ Not Stated

☐ Twins

5.8 Of what sex were the children who were born in the past 12 months and were the births registered?

<table>
<thead>
<tr>
<th>Child No.</th>
<th>Sex</th>
<th>Not Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Don’t Know</td>
<td>Not Stated</td>
</tr>
</tbody>
</table>

1  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

2  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

3  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

5.9 Have any of the children who were born during the past 12 months died?

☐ Yes  ☐ No (End Interview)  ☐ Not Stated

5.10 How many of the children who were born in the past 12 months have died?

☐ Total  ☐ Male  ☐ Female

If Not Stated Record 99

5.11 Of what sex and age (in months) were the children who died and were the deaths registered?

<table>
<thead>
<tr>
<th>Child</th>
<th>Sex</th>
<th>Not Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Not Stated</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

2  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

3  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

If Not Stated Record 99